(b) Details of certain additional facilities provided in the hospitals for both in-door and out-door patients at the end of the Plan are as under:—

(i) CAT Scan facilities;

(ii) Ultrasound examination

(iii) Post Office extension counters and free telephone services with only local facilities at major hospitals;

(iv Modern Kitchen facilities;

(v) A Drug De-Addition unit has been set up in Dr. R.M.L. Hospital;

(vi) 24 hours laboratory services in Lady Hardinge Medical College and Associated hospital;

(vii) Augmentation of Ambulance services;

(viii) An out-door T.B. Clinic has been started for Trans-Yamuna area at Patparganj.

(ix) Installation of a Lithoripter in the Department of Surgery in Lok Nayak Jai Prakash Narain Hospital.

(x) Round the clock OT facility started in Govind Ballabh Pant Hospital.

(c) The Government have reviewed the problems arising from overcrowding and congestion in hospitals in Delhi and have initiated several measures. These includes:

(i) Establishment of hospitals in peripheral areas.

(ii) Improvement of OPD facilities in Safdarjang Hospital.

(iii) It is planned to set up six 100 bed hospitals and one 500 bedded hospital under Delhi Administration.

(d) Eighth Five Year Plan proposals are yet to be finalised.

Population control during seventh five year plan

532. SHRI MOHINDER SINGH LATHER: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what were the main objectives set forth by the Government for control of population during the Seventh Plan period and what have been the achievements;

(b) what are the reasons for the dismal performance of the population control programmes in the country; and

(c) what steps Government have taken for making the future programmes and the implementing machinery more effective?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) The Seventh Five Year Plan *inter-alia* envisaged achievement of the following goals in respect of control of population for the year 1990:

Crude Birth rate . . . . . 29·1 per 1000 population,
Crude Death Rate; . . . . . 10·4 0per 1000 population,
Effective Couple protection Rate . . . 42%
Infant mortality Rate: . . . . . 90 per 1000 liva births

Against the above targets, the provisional achievements for the year 1990 have been as under,

Achievements for the year 1990

Crude Birth Rate . . . . . 29·9 per 1000 population (based on Sample Registration System)
Crude Death Rate; . . . . . 9·6 per 1000 population (based on Simple Registration System)
Effective Couple protection Rate . . . 43·3% (as on 31-3-1990)
Infant mortality Rate . . . . . 80 per 1000 live births (based on Sample Registration System)

(b) and (d) From the above it will be seen that the goals in respect of Death rate, Effective Couple Protection Rate and Infant Mortarlity Rate had already been reached and surpassed. However, in order to check the birth rate in the country, a number of new initiatives have been taken to impart a new thrust and dynamism to the Family Welfare Programme. In this context a draft Action Plan has been evolved in consultation with the State Governments Union Territories Administration. The draft Action Plan is directed towards improvement of the quality and outreach of health and family welfare services, expansion of the prorgammes for mother and child health care, better inter-sectrol coordination, meaningful information, education and communication efforts, greater participation of the people in the Family Welfare Programmes and evolving a national consensus for imparting a new momentum to population control efforts. The draft Action Plan is being further examined by the State Government/Union Territories Administration and other oncerned departments of the Government for possible improvements, before it is finalised and put to implementation.

AIDS cases in Karnataka

533. SHRI J. P. JAVALI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news item captioned "AIDS crisis looms large over Karnataka" which appeared in the Indian Express dated the 3rd October, 1991;

(b) if so, what is the number of persons affected by AIDS in that State alongwith the cause of the same; and

(c) what action is being taken to remedy the situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Yes.

(b) As per the information available 63 HIV infected/Seropositive cases have been reported from the State of Karnataka, out of which only 1 person developed full blown AIDS. Most of the HIV infected cases are professional blood donors and hetrosexualy promiscuous persons.

(c) The Union Government has taken adequate steps to determine the prevelence of HIV infection in the State b yorganising a surveilance system which includes clinical, serological and sentinal surveilance. The Union Government has also released Rs. 10.00 lakhs for establishment of AIDS unit in Bangalore Medical College for treatment and care of HIV infected cases. For clinical management of AIDS cases, 20 Medical Officers and 20 Nurses of Medical College, Bangalore, have been trained. Zonal blood testing centres are being established in a phased manner so that the blood banks can be linked to these centres for purpose of HIV testing.

A comprehensive project for the prevention and control of AIDS has been formulated and a World Bank team visited India in October/November, 1991 and have completed appraisal. The following areas will be strengthened:

—Surveillance

—Prevention of sexual transmission through Information, Education and Communication.

—Promotion of blood safety.

—Training of medical/para medical personnel in infection control.